SAO 435 Case 2:15-cV+00874-Dficeof to Court Neural AZ Form (Rev. 1/2015)				t ^c 业46 Filed 07/05/16 F	TOP COUNTIUSE ONLY DUE DATE:	
		TRANSCR	RIPT ORDER			
1. NAME			2. PHONE NUMBER	3. DATE		
4. FIRM NAME						
5. MAILING ADDRESS				6. CITY	7. STATE	8. ZIP CODE
9. CASE NUMBER 10. JUDGE			DATES OF	PROCEEDINGS	1	
				11.	12.	
13. CASE NAME					OF PROCEEDINGS	
16. ORDER FOR				14.	15. STATE	
APPEAL CRIMINAL			CRIMINAL JUSTICE ACT	BANKRUPTCY		
NON-APPEAL CIVIL				IN FORMA PAUPERIS	OTHER (Specify)	
17 TD ANGCDIDT	DEOLIESTED (Specify po	tion(a) and date	o(s) of proceeding(s) fo	or which transcript is requested.)		
PORTIONS		DATE(S)		PORTION(S)	DATE(S)	
VOIR DIRE				TESTIMONY (Specify)		
	ATEMENT (Plaintiff)					
	'ATEMENT (Defendant)			DDE 50111 DD 6 50000113		
	RGUMENT (Plaintiff)			PRE-TRIAL PROCEEDING		
	RGUMENT (Defendant)					
OPINION OF						
JURY INSTRUCTIONS				OTHER (Specify)		
SENTENCINO						
BAIL HEARI	NG					
18. ORDER	ORIGINAL + 1	EIDCT	# OF	DELIVERY INSTRUCTIONS		
CATEGORY	(original to Court, copy to ordering party)	FIRST COPY	ADDITIONAL COPIES	(Check all that apply.)	ESTIMA	TED COSTS
30 DAYS				PAPER COPY		
14 DAYS				PDF (e-mail)		
7 DAYS				Ì		
DAILY				ASCII (e-mail)		
HOURLY				7		
REALTIME				7		
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS		
19. SIGNATURE				NOTE: IF ORDERING M THERE WILL BE AN ADI		
20. DATE						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUM	MBER
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY